

J.S.

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>Organization</b>	Coleman Professional Services – Coleman Pregnancy Center
Federal Tax ID Number	[REDACTED]
Street Address	5982 Rhodes Rd
City, State Zip code	Kent, OH 44240
County of Location Providing Services <i>(One Application Per Location)</i>	Portage County
Address where ODH should Direct Payment	Coleman Professional Services ATTN: Coleman Pregnancy Center 5982 Rhodes Rd Kent, OH 44240
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Portage, Summit, Stark
Name of Person and Title completing application	Desra Diehl, Pregnancy Advocate Intern
Area Code/Phone Number	(330) 676-6842
Email	pregnancy@colemanservices.org

**II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

**III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.

**IV. For Current Choose Life Organizations:** By June 1, 2016, you must submit the following with this Application:

- A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
  1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
    - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
    - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
    - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
  2. **Notarized Financial Statement Form.** This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
    - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
    - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
    - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
  3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

4. A new Supplier Information Form, (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

**V. For New Choose Life Organization Applicants:** By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Supplier Information Form

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

**VI. By June 1, 2017, all Organizations** shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5-31-16

Date



Signature of Person Completing Application

Desra Diehl, Pregnancy Advocate Intern  
[Print Name & Title]

**Application to be submitted to:**

Ohio Department of Health  
Bureau of Maternal and Child Health  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215  
Attention: Marius Igwe

Phone: 614.466.4634  
Email: [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)

# W-9

Form  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Coleman Professional Services, Inc.**

2 Business name/dispersed entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

Individual/sole proprietor or  C Corporation  S Corporation  Partnership  Trust/estate  
 Single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see Instructions) ►

501(c)(3)

5 Address (number, street, and apt. or suite no.)  
**5982 Rhodes Road**

Requester's name and address (optional)

6 City, state, and ZIP code  
**Kent, Ohio 44240**

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

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or

Employer identification number

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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ►

Date ►

4/14/2011

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1098-INT (interest earned or paid)
- Form 1098-DIV (dividends, including those from stocks or mutual funds)
- Form 1098-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1098-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1098-S (proceeds from real estate transactions)
- Form 1098-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1098-C (canceled debt)

• Form 1098-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



## SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. Incomplete forms will be returned. All information must be legible. Ensure this is the latest version of the form at [www.ohiosharedservices.ohio.gov](http://www.ohiosharedservices.ohio.gov).

### SECTION 1 – PLEASE SPECIFY TYPE OF ACTION (REQUIRED)

NEW (W-9 OR W-BECI FORM ATTACHED)  CHANGE OF CONTACT PERSON/INFORMATON

ADDITIONAL ADDRESS

CHANGE OF ADDRESS – (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)

ADDRESS TO BE REPLACED:

CHANGE OF TIN (W-9 & A CHANGE OF TIN FORM)  CHANGE OF NAME (W-9 & A CHANGE OF NAME FORM)

CHANGE OF PAY TERMS  CHANGE OF PO DISPATCH METHOD  OTHER \_\_\_\_\_

### SECTION 2 – PLEASE PROVIDE SUPPLIER INFORMATION (REQUIRED)

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-BECI FORM) Coleman Professional Services

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE) Coleman Pregnancy Center

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)<sup>1</sup>:

[REDACTED]

### SECTION 3 – REMITTED ADDRESS (REQUIRED)

ADDRESS: 5982 Rhodes Rd	COUNTY: Portage
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ADDRESS (CONT.):

CITY: Kent	STATE: OH	ZIP CODE: 44240
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CONTACT NAME:

Ru Conaway

PHONE: (330) 676-6842	FAX: (330) 678-3677	E-MAIL: <a href="mailto:pregnancy@colemanservices.org">pregnancy@colemanservices.org</a>
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### SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE IN A SEPARATE SHEET)

ADDRESS:	COUNTY:
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ADDRESS (CONT.):

CITY:	STATE:	ZIP CODE:
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SECTION 5 - CONTACT PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE E-MAIL ADDRESS BELOW - (BUSINESSES ONLY)

NAME: Ru Conaway

E-MAIL: pregnancy@colemanservices.org

TO ADD AN ADDITIONAL OR TO REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT

ADDITIONAL STRATEGIC SOURCING CONTACT

REPLACE SS CONTACT (WILL BE MARKED INACTIVE)

NAME:

E-MAIL:

SECTION 6 - PAYMENT TERMS (PLEASE CHECK ONE - IF NONE IS SELECTED THEN NET 30 WILL APPLY)  
Invoices will be paid in 30 days from invoice date unless an alternate payment term is selected below

2/10 NET 30       NET 30

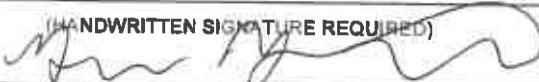
SECTION 7 - PURCHASE ORDER DISTRIBUTION - OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)

E-MAIL OR FAX:

SECTION 8 - PLEASE SIGN & DATE (REQUIRED)

PRINT NAME: Desra Diehl

SIGNATURE:

 (HANDWRITTEN SIGNATURE REQUIRED)

DATE: 5-31-2016

SECTION 9 - STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/E-MAIL/PHONE:

Ru Conaway / pregnancy@colemanservices.org / (330) 678-6842

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.  
<sup>1</sup> Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each supplier.

SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:

Email: [supplier@ohio.gov](mailto:supplier@ohio.gov)

Fax: (614) 466-1054

Mail: Ohio Shared Services

Attn: Supplier Disbursing

P.O. Box 82881 Columbus, OH 43285-2881

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) 601-1323 / 1 (877) 624-5711

1 (614) 318-4791

Website: [www.ohiosmartservicesservice.com/ohio](http://www.ohiosmartservicesservice.com/ohio)

Email: [supplier@ohio.gov](mailto:supplier@ohio.gov)

# INVOICE

Invoice #: 0104

Invoice Date: 09/13/2016

Purchase Order #: DOH01-0000045582

OAKS Vendor #: 0000053123

Bill To: Ohio Department of Health  
Bureau of Maternal, Child and Family Health  
P.O. Box 118  
Columbus, Ohio 43216

Remit To: Coleman Professional Services, Inc.  
5982 Rhodes Rd  
Kent, Ohio 44240

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$ 973.33

Program Approval:	<u>DJR 8/8/16</u>	Grand Total	\$973.33
Approval Date:	<u>9/13/16</u>		

## Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services MUST be included on the invoice.

### Dept of Health

Supplier:  
0000053123  
COLEMAN PROFESSIONAL SERVICES INC  
5982 RHODES RD  
KENT OH 44240

Purchase Order		Date	Revision	Page
DOH01-0000045582		08/30/2016		1
Payment Terms	Freight Terms			Ship Via
Net 30	FOB Destination, Prepaid			N/A
	Phone			Currency
	KENNON A HUGHES			USD

Ship To: Dept of Health  
P003574  
KENNON A HUGHES  
P.O. Box 118  
(614) 466-3543  
Columbus OH 43218-0118  
United States

Bill To: Dept of Health  
P.O. Box 118  
(614) 466-3543  
Columbus OH 43218-0118  
United States

Line-Seq	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	1	AMT	973.33	973.33	
Choose Life Program					
Schedule Total					
973.33					
Item Total					
973.33					

ODH Contact: Marius Igwe 614-466-4634 Contract# 8030

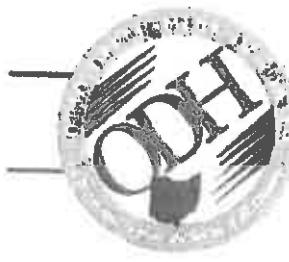
Total PO Amount 973.33

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.

### Department Head

Richard Hedges, MPA  
Director of Health



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

John R. Kasich/Governor

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

Richard Hodes/Director of Health

Desra Diehl  
Coleman Professional Services-Coleman Pregnancy Center  
5982 Rhodes Road  
Kent, OH 44240

Tax ID: [REDACTED]

Dear Ms. Diehl:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Portage \$ 520.00
- Stark \$ 453.33

Application(s) was not approved for the following county(s) for the following reason(s):

- Summit Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$973.33 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or phone 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Hodes".

Richard Hodes, MPA  
Director of Health